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Bib Data Sheet

CONFIRMATION NO. 2653

<b>SERIAL NUMBER</b> 10/086,154	<b>FILING DATE</b> 02/26/2002 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 8071	
<b>APPLICANTS</b> James C. Y. Chow, Mount Vernon, IL;					
<b>** CONTINUING DATA *****</b> NONE FHD					
<b>** FOREIGN APPLICATIONS *****</b> NONE FHD					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED..</b> SMALL ENTITY ** ** 04/02/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>FHD</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 001688					
<b>TITLE</b> Carpal tunnel splint for wear during non-working periods					
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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